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**CLUSIONS:** Strokes causes high demand of resources in the SH, complicated patients is spending more than non-complicated. Rational use of resources must be enhanced in order to decrease costs.

**PST4**

### DIFFERENCES IN DISCHARGE LOCATION FOR PATIENTS WITH MULTIPLE ISCHEMIC STROKE ADMISSIONS: IMPLICATIONS FOR POST-ACUTE CARE COSTS

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**OBJECTIVES:** Typically, economic analyses do not account for potential differences in post-acute care (PAC) costs between first and subsequent ischemic strokes (IS). This analysis was performed to identify differences in discharge location and the impact on PAC costs. **METHODS:** Eight years (01/10/96–30/09/03) of Massachusetts hospital discharge data were analyzed. Patients admitted for IS from 01/10/99–30/09/00 (index year) were identified using ICD-9 principal diagnosis codes (433.X1, 434.XX, 436) and unique patient identifiers. Patients with pre-index IS or hemorrhagic (ICH) stroke (ICD-9 codes: 430, 431, 432.X) admissions were excluded. All post-index hospital stays were examined for stroke readmissions. PAC costs (2005 US$), reflecting first six months post-event, were developed using claims data, fee schedules and published information. **RESULTS:** Of the 7801 patients admitted for IS in 2000, 814 (10.4%) were excluded for previous IS or ICH. Of the remaining 6987 patients, 769 (11%) had at least one readmission (range: 1–3) within four years for IS (91.3%), or ICH (7.3%) or both (1.4%). Of those readmitted for IS (n = 713; mean age: 75 years; female: 56%), 4% died during their second IS hospitalization. Compared to index IS admission, significant ($p < 0.001$) differences in average hospital length of stay (+2 days), home health care service referrals (+12%), and skilled nursing facility transfers (–14%) were noted at second IS discharge. More patients, albeit not statistically significant ($p > 0.05$), were admitted to chronic hospitals (+1%) and fewer to rehabilitation hospitals (–1%) after second IS. Average time between first and second IS hospitalization was 8.9 months (±11.2). Average PAC costs were $565 lower per patient following second IS. **CONCLUSIONS:** Differences in discharge location between first and second IS that affect PAC costs were identified. These differences should be considered when modeling lifetime stroke costs, as it reduces PAC costs following a second IS by roughly $500,000 per 1000 patients.

**PST5**

### THE WEAKNESS OF TEAMWORK BETWEEN NURSES AND PHYSIOTHERAPISTS IN CARING FOR STROKE PATIENTS IN HUNGARY

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**OBJECTIVES:** In the rehabilitation process of stroke patient the caring aspect becomes more important today which is delivered by many professionals. Lot of cost analysis studies show the meaning of coherent and permanent patient care in stroke. Our study examines the dedicated role of nurses and physiotherapists of the team in providing a fluent and adjusted care for stroke patients. **METHODS:** In 9 Hungarian stroke institutions/units (who are declared as stroke units officially) 30 physiotherapists and 30 qualified nurses working in the same teams were asked with a pilot tested self fill in questionnaire between 01.11–30.11.2005. 52 questionnaires were usable for data analysis. The data analysis was done by SPSS 11.0. The main association between variables were counted with chi-square at level 0.5. The variables used a Likert type scale with five points (1–5). **RESULTS:** The response rate was 86%. The majority of respondents work in the stroke care more than 1 year (physiotherapist 78%, nurses 85%). There were no significant differences in estimating 'high' the importance of teamwork in the rehabilitation process of stroke patients. A lot of activities carried out by nurses and physiotherapist in caring for stroke patients overlap each other. The teamwork was seen complementary and coherent in the following fields: passive movements, laying the patient, giving mental support for the patient. The professional collaboration of nurses and physiotherapist are valued significantly higher by nurses than physiotherapists. **CONCLUSIONS:** Competency lists for nurses and physiotherapists should be clearer in the examined places. More focus should be paid on the teamwork meetings where nurses and physiotherapists can discuss and adjust the flow of the patient care.

**PST6**

### UTILITY LOSS AND INDIRECT COSTS AFTER STROKE IN SWEDEN

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**OBJECTIVE:** The purpose of the study was to assess the utility loss and indirect costs at different time points following a stroke in Sweden. **METHODS:** In collaboration with the National Stroke registry (RIKS-STROKE), a questionnaire consisting of the EuroQol-5D (EQ-5D) and questions regarding the present working status and the status prior to the stroke was mailed to patients <76 years of age at six participating centres. The questionnaire was mailed to 393 patients, divided into groups with 3, 6, 9, or 12 months having passed since the stroke. The EQ-5D scores were converted to utilities using the UK social tariff. Indirect costs were valued according to the average salary + employer contributions (2006 Swedish Kronor). **RESULTS:** Two hundred questionnaires (70%) were returned. 32 questionnaires were completed by someone other than the patient: these were only used in the calculation of indirect costs. The average age was 64 years, with 40% of the sample being female. Utility scores were similar over time: 0.65, 0.75, 0.63, and 0.67 at 3, 6, 9 and 12 months respectively. The recalled utility prior to the event was 0.84 (similar to the general population 0.81). 56% of the sample below the age of 65 was working prior to the stroke (27% if considering the entire sample). This corresponds to 0.51 full time equivalents per patient. At 3, 6, 9 and 12 months, work performed corresponded to 0.13, 0.20, 0.15, and 0.14 full time equivalents. Using linear interpolation between measurements, this would lead to a 18,5 work weeks lost caused by the stroke, corresponding to an indirect cost of 120,000 SEK (€13,200). **CONCLUSION:** Stroke causes a significant reduction in utility and causes high indirect costs. There doesn't seem to be a substantial improvement over time, which is important to consider in economic models.

## SURGERY

**PSU1**

### A COST-EFFECTIVENESS EVALUATION OF VACUUM ASSISTED CLOSURE (V.A.C. THERAPY) TREATMENT FOR DEHISCED CHEST WOUND PATIENTS

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